FAX 7. 271- 273-8300

RECEIVED CENTRAL FAX CENTER

JUN 1 8 2009

PTO/SB/122 (10:03)

Approved for use mrough 10/11/2002 OMB 0651-0035
U.S. Patent and Trademum Officer U.S. DEPARTMENT OF COMMERCE
Under the Paperwiph Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays 8 valid OMB control number.

09/451,291 Application Number CHANGE OF 11/30/1999 Filing Date CORRESPONDENCE ADDRESS First Named Inventor Application Address 10. hanne Sourya Sitton F_ammer Name Assistant Commissioner for Patents Washington, D.C. 20231 MAY0 - 000 l Attorney Docket Number Please change the Correspondence Address for the above-identified application to: Place Customer Number Bar Code Customer Number Laget nere Type Customer Number here OR Firm or Individual Name Address Address ZIP City State Country Telephone Fax This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use Request for Customer Number Data Change* (PTO/SB/124). I am the : Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). 40,921 Attorney or Agent of record. Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Jennifer Branigan, Reg No. 40,921 Types of Printed Name Signature Date NOTE. Signatures of an the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple torms if more than one signature is required, see below forms are submitted. Total of

Burger Mour Statement. This furm is catimistica to take 3 minutes to complete. This will vary depending upon the needs of the individual case. Any comments on The amount of time you are required to complete this form allows be sent to the Chief unformation Officer, U.S. Patent and Trademork Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: ASSISTANT CONTINUATION PARENTS, Washington, DC 20231